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The International Health Regulations (2005) in the Eastern Mediterranean Region

Introduction

1. This report provides an update on progress by States Parties in implementing the International Health Regulations (IHR) (2005) in the WHO Eastern Mediterranean Region in accordance with resolution WHA61.2 (2008) on Implementation of the International Health Regulations (2005) regarding annual reporting on implementation of the Regulations, pursuant to paragraph 1 of Article 54 of the IHR, and in the context of the ongoing coronavirus disease (COVID-19) pandemic.

2. In addition, the report provides an update on the work of the IHR Regional Assessment Commission (IHR-RAC)[1] and highlights key recommendations from the fifth meeting of the Commission for accelerating implementation of the Regulations and IHR capacities within the Region.

IHR monitoring and evaluation framework

3. In accordance with Article 54 of the IHR (2005), States Parties within the Eastern Mediterranean Region have continued to produce annual reports to WHO on the achievement of IHR-related core capacities. In 2019, 19 countries submitted timely and complete annual reports. Reported data for 2019 are available via the Global Health Observatory. Analysis of these data shows that the average overall IHR core capacity score for the Region in 2019 was 63%; this was unchanged from 2018 and compares with a global average of 64%. The highest average implementation scores were for capacities related to zoonoses (77%) and IHR coordination (74%), followed closely by surveillance (72%). Less well-performing areas included capacities related to managing chemical events (56%), followed by managing radiation events (57%) and points of entry (61%). Scores for the 13 IHR capacities in each country are presented in Annex 1.

4. As reported in the 2019 IHR report, a joint external evaluation (JEE) has been conducted in 18 countries of the Region: Afghanistan, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Tunisia and United Arab Emirates. The WHO Regional Office for the Eastern Mediterranean supported the Syrian Arab Republic to conduct the self-assessment phase of the JEE; however, the external evaluation phase that was planned to take place in April 2020 was postponed due to the COVID-19 pandemic. The self-assessment phase was also supported in the Islamic Republic of Iran in 2018 with no confirmed date yet for the external evaluation phase. Discussion is still ongoing with Palestine and Yemen on planning for a JEE. The JEE scores reported in the 2019 IHR report are consistent with the overall assessed country preparedness and response status related to COVID-19 as presented in Table 1.

5. Several countries in the Region conducted simulation exercise to test their preparedness to respond to COVID-19 before its importation into the Region. This included exercises to test multisectoral coordination and cross border collaboration. WHO has been involved in simulation exercises conducted in a few countries.

6. The Regional Office provided online training on WHO's new *Guidance for conducting a country COVID-19 intra-action review*, which is modelled on the WHO after-action review, to all countries in the Region following the development of a COVID-19 specific package. Five countries have requested the support of WHO to conduct intra-action reviews and discussion is ongoing with the other countries to offer support to implement a review of the ongoing response to COVID-19 and as part of longer-term health system strengthening. As some countries in the Region are experiencing resurgence of cases, conducting an intra-action review is highly recommended to ensure continued focus on the best approaches to control the outbreak.

[1] Resolution EM/RC62/R.3 on Assessment and monitoring of the implementation of the International Health Regulations (2005), October 2015.

Table 1. COVID-19 preparedness and response status of countries, as of 9 June 2020[1]

	Country preparedness capacity				
Response category	**Level 5**	**Level 4**	**Level 3**	**Level 2**	**Level 1**
5. Community transmisstion	—	Islamic Republic of Iran	Qatar, Sudan, Tunisia	Syrian Arab Republic	—
4. ≥ 10 cases	United Arab Emirates	Bahrain, Egypt, Kuwait, Oman, Saudi Arabia	Jordan, Lebanon, Morocco	Afghanistan, Djibouti, Iraq, Libya, Pakistan, Palestine, Somalia, Yemen	—
3. < 10 cases	—	—	—	—	—
2. High risk of imported cases	—	—	—	—	—
1. Preparedness	—	—	—	—	—

National action plans for health security

7. WHO has continued to provide support in developing national action plans for health security following the JEE missions. The 18 countries that have a costed plan of action include Afghanistan, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Tunisia and United Arab Emirates. During the eighth IHR stakeholders meeting in December 2019, countries were supported to identify priority actions to accelerate implementation of their national action plans, facilitate resource mobilization and address the reasons why implementation has been slow in many countries, including those related to unclear leadership structures and national technical capacity.

8. These plans will need to be reviewed in the context of the COVID-19 response and updated accordingly. A regional working group involving experts from the Region in the area of IHR and health system development will be established to guide the process of updating national plans for heath security as an integral part of health system strengthening.

Procedures under the Regulations

Public health emergency of international concern

9. A declaration of a public health emergency of international concern (PHEIC) was issued concerning the COVID-19 outbreak on 30 January 2020 by the WHO Director-General. The temporary recommendations subsequently issued by the Director-General under the framework of the IHR (2005) were accepted and finalized upon the advice of the Emergency Committee convened due to the outbreak. The Emergency Committee met two additional times, on 30 April and 31 July, and agreed unanimously that the outbreak still constitutes a PHEIC, revising the temporary recommendations accordingly. Implementation of these recommendations for States Parties is ongoing. Recommendations that have not been fully implemented include those related to the timely sharing of information and data with WHO on COVID-19 epidemiology, severity and response measures, including appropriate and proportionate travel measures and advice based on risk assessments, and to strengthening community engagement.

10. Members of the Emergency Committee were selected from the IHR roster of experts. The Eastern Mediterranean Region has been represented by regional experts selected from this roster. Additional experts have also been selected from the Region in the capacity of advisers to the Emergency Committee.

11. As mandated by resolution WHA73.1 (2020) on COVID-19 response, the IHR Review Committee will convene between September 2020 and May 2021 to review IHR functionality during the COVID-19 response with reference to IHR provisions related, but not limited, to: outbreak alert, verification and risk assessment, information sharing and communication; international coordination and collaboration for response;

[1] The operational readiness index (levels 1–5) was aligned with the WHO JEE and the State Party Self-Assessment Annual Reporting (SPAR) capacity levels for countries that have not conducted the JEE: Level 1 ≤ 20%, Level 2 ≤ 40%, Level 3 ≤ 60%, Level 4 ≤ 80%, and Level 5 > 80%.

convening the Emergency Committee, its working modalities, and declaration of a public health emergency of international concern, including an intermediate level of alert; additional health measures in relation to international travel; IHR core capacities implementation and reporting; examining progress made on the implementation of recommendations from previous IHR Review Committees; and any other relevant provisions that pertain to the rights and obligations of States Parties and WHO responsibilities during outbreak the response. Experts from the Islamic Republic of Iran, Oman and the Syrian Arab Republic are members of this Committee and were selected from the IHR roster of experts.

IHR national focal points and event-related information

12. Continuous support has been maintained for IHR national focal points to enhance their knowledge and capacities to implement the IHR (2005). This has included a series of virtual meetings and webinars held with IHR national focal points to strengthen their capacity and scale up preparedness and operational readiness and response capacities, including for COVID-19.

13. Within the Region, a total of 6814 signals of public health threat were captured by event-based surveillance between 1 July 2019 and 31 July 2020, out of which a total of 3830 signals were related to COVID-19. Seventy-one new public health events were recorded in the WHO Event Management System in the same period – the most common being COVID-19 (20 events). Thirty-nine updates were posted on the Event Information Site (EIS), the electronic platform that WHO utilizes to communicate with IHR national focal points to convey updates on event management of public health threats globally.

14. All IHR national focal points in the Region have accessed the EIS several times in 2019 and 2020, with the focal points of Bahrain, Egypt, the Islamic Republic of Iran, Oman, Pakistan, Qatar, Saudi Arabia, Sudan and United Arab Emirates being the most frequent users of the site. The EIS was most often visited in the periods January–March and May–July 2020.

15. In accordance with Article 6 of the IHR (2005), countries are obligated to give timely notification to WHO of, and share detailed information about, public health events that may constitute a public health emergency of international concern. Despite efforts by WHO at both regional and country levels of the Organization, the timely sharing of detailed information about COVID-19 cases remained a challenge in most countries of the Region. In some instances, national IHR focal points (IHR NFPs) needed approval from higher authority to share information, which is not consistent with the terms of reference of IHR NFPs as expressly defined in Article 4 of the IHR (2005). Failing to share relevant information in a timely manner negatively impacts the capacity for a comprehensive and timely regional and global response.

16. Under Article 10, concerning verification, the IHR (2005) stipulate that Member States acknowledge verification requests and provide the information requested regarding potential public health events in a timely fashion. During the period 1 July 2019 to 31 July 2020, verification requests regarding 116 signals for public health threats including for COVID- 19 were sent to WHO national focal points who sought verification from Member States; these were all diligently addressed, albeit not comprehensively, in the timely fashion required by the Regulations.

Travel and additional health measures

17. Travel advice and recommendations in relation to COVID-19 have been provided to countries on an ongoing basis, including the recommendations of the IHR Emergency Committee for performing risk assessment to inform travel-related decisions. Beginning in February 2020, several countries of the Eastern Mediterranean Region applied entry restrictions on either specific nationalities or those with specific recent travel history, and of those counries, only three formally notified WHO of these additional health measures under their obligations outlined within Article 43 of the IHR. During the following month or so until the complete closure of borders, many countries of the Region enacted travel restrictions or imposed additional health measures without notification or provision of a public health rationale despite communication and advocacy from the WHO Regional Office.

18. Subsequently, international passenger travel was for the most part universally suspended circa mid-March, which coincided with the closure of borders and points of entry globally, with resumption of operations only beginning for a few countries of the Region in early July, while other countries gradually reopened during the rest of July and August. A few countries have kept their borders largely closed, but are accepting travel related to repatriation, cargo and humanitarian needs. The situation for maritime traffic has followed a similar fashion, with many countries of the Region imposing restrictions on crew changes and the overall movement of seafarers, with consequences for the global supply chain and the health of seafarers operating vessels.

19. Currently, countries in the Eastern Mediterranean Region are seeking to mitigate risk associated with the resumption of international travel and are increasing their national capacities at points of entry as well as placing certain measures on passengers, including testing requirements before or on arrival, screening for both exiting and entering passengers, and quarantine for a set period. Countries of the Region are increasingly turning towards enhanced testing strategies, with 12 reporting a requirement to demonstrate a negative PCR test result for COVID-19 before travel, and 11 having the capacity to perform the test on arrival. Only three countries have reported the use of rapid diagnostics in a point of entry setting, and this capacity has not been consistently utilized. Quarantine has been adopted by 16 countries, with institutional arrangements provided by five countries and the remainder requiring home quarantine. The period of quarantine is on average 14 days, with the shortest period being three days.

Yellow fever

20. As of 1 July 2020, 12 countries, including Bahrain, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Libya, Oman, Pakistan, Saudi Arabia, Somalia, Sudan and United Arab Emirates, had responded to the annual questionnaire on requirements for yellow fever vaccination for international travellers. The 12 countries request a vaccination certificate against yellow fever for incoming travellers. All 12 countries have confirmed that the international certificates of vaccination against yellow fever, using WHO-approved vaccines, are now accepted as valid for the life of the person vaccinated, in accordance with Annex 7 of the Regulations, as amended by resolution WHA67.13 (2014).

IHR Regional Assessment Commission

21. The IHR Regional Assessment Commission (IHR-RAC) was established at the request of the 62nd session of the Regional Committee in October 2015 in resolution EM/RC62/R.3 on Assessment and monitoring of the implementation of the International Health Regulations (2005) as an independent body, comprising experts from States Parties of the Region and WHO, to assess implementation of the Regulations in the Region and to advise Member States on issues relating to implementation of the national core capacities required under the Regulations.

22. The IHR-RAC held its fifth meeting in parallel with the eighth annual IHR stakeholders meeting in December 2019. At the meeting, IHR-RAC members discussed progress in regional IHR implementation and the strategic steps necessary for both WHO and Member States to accelerate progress. The Commission noted the challenging situations in countries regarding health security and implementation of the IHR, including in countries facing situations of conflict and humanitarian emergency. The Commission acknowledged the support provided by WHO to Member States to accelerate implementation of the IHR. Among its recommendations, the Commission recommended WHO to: continue to advocate for the IHR (2005) and health security, targeting senior policy-makers and partners; maintain coordination regionally and with global partners to accelerate implementation of national action plans for health security; implement the five year regional strategic plan for improving all-hazards preparedness and response, with annual reporting; enhance the use of modelling and forecasting to inform preparedness and response activities; continue to empower IHR national focal points through regular capacity-building; ensure coordinated efforts with the United Nations Office for Disaster Risk Reduction (UNDRR) to build national capacities for disaster risk reduction; set a regional research agenda for health security; and develop a platform to share cases studies and best practices with countries.

23. The IHR-RAC also recommended countries to: establish a high-level committee to accelerate the implementation of national action plans for health security and advocate for the required funds; promote high-level ownership of the IHR with senior decision-makers, including ministries of finance and foreign affairs; conduct studies to make the investment case for investing in preparedness; undertake exercises and after-action reviews to evaluate preparedness and response; encourage specialized twinning programmes with technical institutions and universities; map potential hazards to inform preparedness activities; document best practices and success stories and share with WHO and other countries; set a national research agenda for health security and identify and engage national, regional and global resources for its implementation; and engage with subregional entities to provide leadership and make the most efficient use of resources to further implementation of the IHR and health security.

24. The implementation of the recommendations has been delayed due to the need to respond to COVID-19. A review of their implementation is being undertaken to identify the way forward.

Action by the Regional Committee

25. The Regional Committee is invited to: note this report; encourage implementation of the temporary recommendations of the IHR Emergency Committee, in particular those related to notification and information sharing, travel and additional measures, and risk communication and community engagement, as well as the recommendations of the upcoming IHR Review Committee; promote the implementation of the intra-action review of the COVID-19 response; and update national action plans for health security as an integral part of health system strengthening and allocate resources to implement the plans.

Annex 1

International Health Regulations (2005) national capacity monitoring: capacity scores (%) for all reporting States Parties for 2019

Member State	Legislation	Coordination	Zoonoses	Food safety	Laboratory	Surveillance	Human resources	National health emergency framework	Health service provision	Risk communication	Points of entry	Chemical	Radiation
Afghanistan	33	80	80	20	47	80	40	33	53	20	30	20	20
Bahrain	87	90	80	100	73	60	80	93	87	60	90	80	60
Djibouti	27	50	40	40	33	60	20	20	33	20	30	40	0
Egypt	93	90	80	80	73	100	80	100	93	60	90	60	80
Iran, Islamic Republic of	—	—	—	—	—	—	—	—	—	—	—	—	—
Iraq	40	70	100	40	73	20	100	87	80	100	50	0	0
Jordan	53	50	60	40	53	40	20	40	67	20	80	20	20
Kuwait	73	90	60	80	100	70	60	73	67	80	80	80	80
Lebanon	60	80	80	80	73	90	40	60	87	80	60	60	100
Libya	73	80	80	40	53	70	80	20	53	20	30	80	40
Morocco	87	50	80	80	80	80	80	80	67	80	70	80	60
Oman	93	90	80	80	100	80	80	80	93	80	80	100	80
Pakistan	27	50	60	40	40	60	60	47	33	20	40	40	100
Palestine	20	20	20	0	60	40	40	27	7	0	0	0	0
Qatar	93	100	100	100	100	100	100	100	100	100	80	80	100
Saudi Arabia	73	90	60	80	53	60	80	80	80	80	80	80	80
Somalia	—	—	—	—	—	—	—	—	—	—	—	—	—
Sudan	40	90	80	80	40	80	60	40	33	60	60	40	40
Syrian Arab Republic	40	40	60	40	40	60	40	47	53	40	80	60	20
Tunisia	73	70	100	60	100	80	60	73	73	60	50	80	40
United Arab Emirates	100	100	100	100	100	90	60	100	100	100	100	100	100
Yemen	47	40	80	40	67	80	80	60	47	60	40	20	20